

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1034

Registered No. 369

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 51 Miami Ave. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Guadeloupe Gomez } If child is not yet named, make supplemental report, as directed.3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin (triplet or other) yes 5. Legitimate? yes 6. Date of birth Feb 3-1931
Month Day Year8. FATHER
Full name Jose Gomez
9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.10. Color or race Mex. 11. Age at last birthday 24 (Years)12. Birthplace (city or place) Jalisco Mex
(State or country)13. Occupation
Nature of Industry Miner14. MOTHER
Full maiden name Maria Biandi
15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.16. Color or race Mex. 17. Age at last birthday 21 (Years)18. Birthplace (city or place) Jalisco Mex
(State or country)19. Occupation
Nature of Industry Housewife20. Number of children of this mother. } (a) Born alive and now living 2
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:45 A. M. on the date above stated.
(Born alive or stillborn)Signature Byrd M. Brown M.D.
(Physician or midwife.)Given name added from _____ Address Miami, Arizona
Month, day, yearFiled Dec 5 1931 Charles E. Brown

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